PTO/SB/06 (07-06) Approved for use through 1/31/2007, OMB 0651-0032

Approved for use through 1/31/2/07. OMB 0951-0025.
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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/540,556			ing Date 13/2005	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2) SMALL ENTITY												HER THAN ALL ENTITY
	FOR	NU	NUMBER FILED		NUMBER EXTRA			RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A			N/A		ı	N/A	
	SEARCH FEE (37 CFR 1.16(k), (i),	or (m))	N/A		N/A			N/A		l	N/A	
	EXAMINATION FE (37 CFR 1.16(a), (p),	E or (q))	N/A		N/A			N/A		ı	N/A	
TO (37	FAL CLAIMS CFR 1.16(i))		minus 20 =		•			x \$ = 1		OR	x s =	
	EPENDENT CLAIM CFR 1.16(h))	S	minus 3 = *		•			x \$ =			x \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE sheer is \$2: additi	e specification and drawing ets of paper, the application 250 (\$125 for small entity) to tional 50 sheets or fraction I.S.C. 41(a)(1)(G) and 37 (			n size fee due for each i thereof. See						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))										ı		
* If	the difference in col	umn 1 is less than	r "0" in colu		TOTAL		ı	TOTAL				
APPLICATION AS AMENDED - PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY												
AMENDMENT	11/05/2007	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	• 12	Minus	<b>~</b> 20		= 0		x \$ =		OR	X \$50=	0
	Independent (37 CFR 1.16(h))	• 2	Minus	3		= 0		x \$ =		OR	X \$210=	0
	Application Size Fee (37 CFR 1.16(s))									ᆫ		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR		l
				TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0				
(Column 1) (Column 2) (Column 3)												
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16())		Minus					x \$ =		OR	x s =	
	Independent (37 CFR 1,16(h))	*	Minus	***				x \$ =		OR	x \$ =	
필	Application Size Fee (37 CFR 1.16(s))									l		
ΑN	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR		
										OR	TOTAL ADD'L FEE	
If the entry in column 1 is less than the entry in column 2, write 0" in column 3.  If the "Highest Number Pervolusy Paid For NT HIS SPACE is less than 30, enter "20".  "If the "Highest Number Pervolusy Paid For NT HIS SPACE is less than 3, enter "3".  The "Highest Number Pervolusy Paid For NT HIS SPACE is less than 3, enter "3".  The "Highest Number Pervolusy Paid For NT HIS SPACE is less than 3, enter "3".												

This collection of information is equated by 37 CER. 1.16. The information is required to obtain or retain a bearful by the public which his lost figured by the USFTO to monoceal an implication. Confidentiality is ownered by 80 Sec. 22 and 37 CEF 1.15. This collection is extensive the size of a window properties, and submitting the completed application form to the USFTO. Time well vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggestions for reducing this burden, about the sent to the CEM information Officer. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrius, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 22313-1450.